

GRIC Protecting Our Communities Addressing Domestic Violence, Child Violence, and Sexual Violence

S VI ARIZONA

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ABUSIVE HEAD TRAUMA: THE SCIENCE & THE LAW

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DEATH INVESTIGATIONS

Using physical and/or circumstantial evidence, witness statements, and medical information:

- establish a timeline of events
- identify who discovered injury to child
- identify who was with child when incident occurred
- determine whether there is evidence of accidental injury or other non-abusive cause
- identify all medical providers who have seen child in last five years (if under 3, go all the way back to birth)

REMEMBER: Even if not physical abuse, it may still qualify as neglect/endangerment!

Gather/Photo-Document:

- entire scene, including where incident occurred and any place child was moved to after that period
- any physical objects associated with incident
- any evidence of neglect, including malnutrition or lack of necessary medical care
- consent forms for all known medical providers
- recent photos of the child (pre-injury)
- phone numbers for all witnesses and consent to search phones

ABOUT THIS GUIDE

This guide was developed to aid in the early investigation of child death/abuse cases. It is not intended to be an exhaustive resource, nor to substitute for your agency's policies or procedures. All relevant information and evidence should be properly documented and preserved, irrespective of whether or not it is listed within this guide.

Upon <u>notice</u> of a serious child abuse or child death incident, it is recommended that you immediately contact a prosecutor at the United States Attorney's Office for further discussion.

Child death/abuse investigations require law enforcement to gather a detailed history regarding the life of the child and the incident at issue, as well as criminal history of parent/caregiver, information regarding domestic violence, CPS contacts, and substance abuse in the household.

Not all child death/abuse cases will result in visible external injuries. It is recommended that you gather medical information from the treating physicians and/or medical examiner and attend all autopsies so as to fully understand what happened to the child.

CHILD DEATH/ABUSE INVESTIGATIONS

Interview & Documentation
Guide for Law Enforcement



THIS IS JUST A GUIDE. IT IS NOT A SUBSTITUTE FOR YOUR AGENCY'S POLICIES AND PROCEDURES.

WHAT DO YOU SEE?

CHILD: Appearance? Neck/Facial position? External injuries? Stiffness? Color? Sweaty or dry? Child hot/cold/cool? Bed sharing? Objects in bed? Child moved? Clothing/diaper changed?

HOME: Adequate food available? Clean? Heating/cooling/running water? Room temp? Siblings and ages? Water supply? Weapons? Toxins? Obvious dangers? Waste can evidence? Drugs? Alcohol? What belongs to child?

PARENT/CAREGIVER/WITNESSES: Physical appearance? Indications of domestic violence? Demeanor? Use of cellular phone, email, or social media? Condition of other children?

AVOID EVIDENCE DESTRUCTION
IF CAREGIVER IS AT HOSPITAL
BUT INCIDENT OCCURRED AT
HOME, REQUEST ASSISTANCE SO
THAT INITIAL INTERVIEWS AND
SCENE DOCUMENTATION CAN
OCCUR SIMULTANEOUSLY.

THINGS TO BRING

- Blank Calendars
- Consent Forms/Medical Releases
- Re-enactment Dolls
- Camera/Video Camera
- Recording Device
- Tape Measure
- Thermometer

THE INTERVIEW

GUIDELINES

- Interview every person separately and out of earshot of others
- Be nonjudgmental, non-confrontational, compassionate, and observant
- Remind subject that the purpose of interview is to: 1) evaluate what led to their loss; and 2) gather a history that will help explain what happened to the child and perhaps assist with medical treatment
- Record interviews of all recent caregivers
- Bring a doll and video record all re-enactments
- When given answers, ask whether this is different or unusual
- BE VERY DETAILED AND EXHAUSTIVE ON EVERY TOPIC

QUESTIONS

- 1. Who are all relevant family members and caretakers + full contact info?
- 2. What is child's age and DOB?
- 3. Where was child born?
- 4. Prenatal care? Prenatal drug use?
- 5. Term birth? Birth complications?
- 6. What does child typically eat? How often/much? Recent changes?
- 7. Describe child's development.
- 8. Child taking any medications?

THE INTERVIEW

- 9. How is child's health generally? Any recent illnesses? Doctor visits?
- 10. Child taking any medications?
- 11. Describe child's sleeping schedule.
- 12. Child's recent behavior/emotions?
- 13. What is the caregiving arrangement?
- 14. Who discovered child? Time?
- 15. Any delay in calling EMS/911? Who were the first calls to? What said?
- 16. Any resuscitative efforts by anyone?
- 17. What was last time anyone saw child before injury/death/distress?
- 18. Last time child ate before injury?
- 19. Last time child wet diaper before injury?
- 20. Anything different about child leading up to incident?
- 21. Any known injuries to child prior to this?
- 22. History of SIDS, seizures, or bone diseases in family?
- 23. History of DV in the family?
- 24. History of drug/alcohol abuse in family?
- 25. History of CPS involvement?
- 26. Any explanations for child's injuries?
- 27. What do they think happened?
- 28. Reason to think anyone who would harm the child?
- 29. Recent frustrations (money, employment, crying baby, domestic disputes, etc.)?
- 30. Identify all other children in home, including DOBs.
- 31. Any known injuries to other children in the home (at any time)?